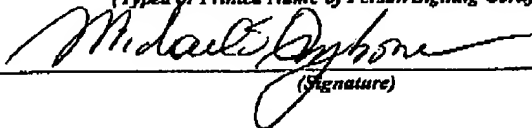



<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): <b>Yoshikazu SHINGU et al.</b>			Docket No. <b>121027-057</b>
Serial No. <b>09/880,388</b>	Filing Date <b>June 5, 2001</b>	Examiner <b>Jamisue Webb</b>	Group Art Unit <b>3761</b>
Invention: <b>DISPOSABLE DIAPER</b>			
<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>DEC 24 2003</b>			
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I hereby certify that this <u>Amendment and Amendment Transmittal</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9302</u> ) on <u>December 24, 2003</u> (Date)			
<u>Michael S. Gzybowski</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)			
Note: Each paper must have its own certificate of mailing.			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>121027-057</b>	
Applicant(s): <b>Yoshikazu SHINGU et al.</b>					
Serial No. <b>09/880,388</b>	Filing Date <b>June 5, 2001</b>	Examiner <b>Jamisia Webb</b>	Group Art Unit <b>3761</b>		
Invention: <b>DISPOSABLE DIAPER</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>12-2136</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>December 24, 2003</b>		
Filed via facsimile transmission.					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">Signature of Person Mailing Correspondence</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div>					
cc:					